

CITY OF LINCOLN LOTTERY / RAFFLE TAX REPORT

Nebraska Identification #: _____

For Quarter Ending: _____
Month Day Year

Licensee's Name: _____

Licensee's Address: _____
Street (or mailing Address) City State Zip

DATE OF EVENT	GROSS RECEIPTS	PAY-OUTS	TOTAL TAX DUE (5% of Gross Receipts)
TOTAL FOR QUARTER REPORTING:			

Please sign & date with proper Identification in front of a Notary Public.

Authorized Signature Title Date

Subscribed & sworn to before me, a Notary Public, as a true & correct statement.

Date this _____ day of _____, _____.

Notary Public